



EMPLOYMENT APPLICATION

(Confidential when completed)

Please return this form to:
 Human Resources
 1800 Alexandra Ave
 Saskatoon, SK S7K 3C7
 Fax: 664-0395
 Email: hr@luthercare.com

Position Applied For	Department
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PERSONAL INFORMATION

Last Name	Usual First Name	Given Birth Name
Address		
Home Phone Number	Work Phone Number	

GENERAL INFORMATION

When are you available to begin employment?	Have you had a conviction for which a pardon has not been granted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously employed by LutherCare Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when were you employed?	Are you legally entitled to accept employment in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual <input type="checkbox"/> Seasonal	
Are you willing to work shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you younger than the minimum age required by employment law? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a disability that will affect your ability to perform any of the functions of the work for which you are applying? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what function can you not perform, and what accommodations could be made which would allow you to do the work adequately? (If you require additional space, use an extra sheet of paper and attach to this form.)	

HOURS AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

EDUCATION AND TRAINING

	Name & Location	Course	Level Successfully Completed	Dates Attended
High School or GED			9 10 11 12	
Business College				
Technical Institution			1 2 3	
University			1 2 3 4	
Other				
Do you have a trade certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No Trade:	Apprentice Year Completed 1 2 3 4	Trade License Number	Province	Interprovincial License <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of a professional or technical organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold registration in a professional organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of professional organization		Registration #
If any educational certification is from outside Canada, has it been assessed for equivalency? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify which organization and attach foreign credential assessment.				

Additional related learning including in-service training, correspondence, and extension courses (attach an additional sheet if further space is required).

Complete the following section if relevant to the position for which you are applying.
 Typing Speed _____ wpm. I am able to perform heavy moderate light physical work.
 Driver's License: Class _____ Province _____ # of ?? _____ Valid Yes No
 List other specialized/relevant skills or qualifications (e.g., software packages you know how to operate, language skills, etc.):

ADDITIONAL INFORMATION

Additional information related to the position that you would like to bring to our attention.

EMPLOYMENT RECORD

(Begin with the most recent employer. Include self-employment.)

Employer	Duties:	
Address	Phone	
Supervisor (May we contact?)		
May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prior notice		
From	To	
Position Title		
Reason for Leaving		
Employer	Duties:	
Address	Phone	
Supervisor (May we contact?)		
May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prior notice		
From	To	
Position Title		
Reason for Leaving		
Employer	Duties:	
Address	Phone	
Supervisor (May we contact?)		
May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> With prior notice		
From	To	
Position Title		
Reason for Leaving		

If you require additional space to list your employment record, use an extra sheet of paper and attach to this form, or attach resume.

REFERENCES

(Include only those persons who are in a position to assess your work performance.)

Name	Address	Occupation	Telephone

STATEMENT OF APPLICANT

I certify that the facts set forth in this employment application are complete and true. I understand that if I am employed, false statements on this application shall be considered sufficient cause for my dismissal. I also give permission to LutherCare Communities to obtain information regarding my previous employment or educational background.

Signature of Applicant:

Date: